# Democratic Republic of the Congo

## Epidemiological Fact Sheet

on HIV/AIDS
and sexually
transmitted
infections

## 2000 Update

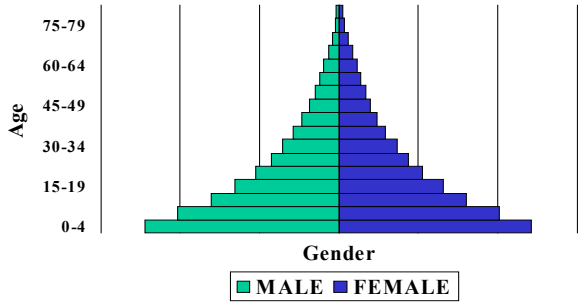
Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

World Health
Organization

## 2 – Democratic Republic of the Congo

## Country Information

### Population pyramid, 1999




| Indicators | Year | Estimate | Source |
|---|---|---|---|
| Total Population (thousands) | *1999* | 50,335 | UNPOP |
| Population Aged 15-49 (thousands) | *1999* | 21,513 | UNPOP |
| Annual Population Growth | *1990-1998* | 3.4 | UNPOP |
| % of Population Urbanized | *1998* | 29 | UNPOP |
| Average Annual Growth Rate of Urban Population | *1990-1998* | 3.7 | UNPOP |
| GNP Per Capita (US$) | *1997* | 110 | World Bank |
| GNP Per Capita Average Annual Growth Rate | *1996-1997* | -8.6 | World Bank |
| Human Development Index Rank (HDI) | *1999* | 141 | UNDP |
| % Population Economic Active | | | |
| Unemployment Rate | | | |
| Total Adult Literacy Rate | *1995* | 77 | UNESCO |
| Adult Male Literacy Rate | *1995* | 87 | UNESCO |
| Adult Female Literacy Rate | *1995* | 68 | UNESCO |
| Male Secondary School Enrollment Ratio | *1996* | 36.8 | UNESCO |
| Female Secondary School Enrollment Ratio | *1996* | 22.8 | UNESCO |
| Crude Birth Rate (births per 1,000 pop.) | *1999* | 46 | UNPOP |
| Crude Death Rate (deaths per 1,000 pop.) | *1999* | 14 | UNPOP |
| Maternal Mortality Rate (per 100,000 live births) | *1990* | 870 | WHO |
| Life Expectancy at Birth | *1998* | 51 | UNPOP |
| Total Fertility Rate | *1998* | 6.4 | UNPOP |
| Infant Mortality Rate (per 1,000 live births) | *1999* | 87 | UNICEF/UNPOP |

### UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance

Global Surveillance of HIV/AIDS and sexually transmitted infections (STIs) is a joint effort of WHO and UNAIDS. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, initiated in November 1996, guides respective activities. The primary objective of the working group is to strengthen national, regional and global structures and networks for improved monitoring and surveillance of HIV/AIDS and STIs. For this purpose, the working group collaborates closely with national AIDS programmes and a number of national and international experts and institutions. The goal of this collaboration is to compile the best information available and to improve the quality of data needed for informed decision-making and planning at national, regional and global levels. The Epidemiological Fact Sheets are one of the products of this close and fruitful collaboration across the globe.

The working group and its partners have established a framework standardizing the collection of data deemed important for a thorough understanding of the current status and trends of the epidemic, as well as patterns of risk and vulnerability in the population. Within this framework, the Fact Sheets collate the most recent country-specific data on HIV/AIDS prevalence and incidence, together with information on behaviours (e.g casual sex and condom use) which can spur or stem the transmission of HIV.

Not unexpectedly, information on all of the agreed-upon indicators was not available for many countries in 1999. However, these updated Fact Sheets do contain a wealth of information which allows identification of strengths in currently existing programmes and comparisons between countries and regions. The Fact Sheets may also be instrumental in identifying potential partners when planning and implementing improved surveillance systems.

The fact sheets can be only as good as information made available to the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance. Therefore, the working group would like to encourage all programme managers as well as national and international experts to communicate additional information to the working group whenever such information becomes available. The working group also welcomes any suggestions for additional indicators or information proven to be useful in national or international decision-making and planning.

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## Estimated number of people living with HIV/AIDS

In 1999 and during the first quarter of 2000, UNAIDS and WHO worked closely with national governments and research institutions to recalculate current estimates on people living with HIV/AIDS. These calculations are based on the previously published estimates for 1997 and recent trends in HIV/AIDS surveillance in various populations. A methodology developed in collaboration with an international group of experts was used to calculate the new estimates on prevalence and incidence of HIV and AIDS deaths, as well as the number of children infected through mother-to-child transmission of HIV. Different approaches were used to estimate HIV prevalence in countries with low-level, concentrated or generalized epidemics. The current estimates do not claim to be an exact count of infections. Rather, they use a methodology that has thus far proved accurate in producing estimates that give a good indication of the magnitude of the epidemic in individual countries. However, these estimates are constantly being revised as countries improve their surveillance systems and collect more information.

Adults in this report are defined as women and men aged 15 to 49. This age range covers people in their most sexually active years. While the risk of HIV infection obviously continues beyond the age of 50, the vast majority of those who engage in substantial risk behaviours are likely to be infected by this age. The 15 to 49 age range was used as the denominator in calculating adult HIV prevalence.

### ❑ Estimated number of adults and children living with HIV/AIDS, end of 1999

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 1999

| | | | |
|---|---|---|---|
| **Adults and children** | **1100000** | | |
| **Adults (15-49)** | **1100000** | **Adult rate (%)** | **5.07** |
| **Women (15-49)** | **600000** | | |
| **Children (0-14)** | **53000** | | |

### ❑ Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 1999:

| | |
|---|---|
| **Deaths in 1999** | **95000** |

### ❑ Estimated number of orphans

Estimated number of children who have lost their mother or both parents to AIDS (while they were under the age of 15) since the beginning of the epidemic:

| | |
|---|---|
| **Cumulative orphans** | **680000** |

Estimated number of children who have lost their mother or both parents to AIDS and who were alive and under age 15 at the end of 1999:

| | |
|---|---|
| **Current living orphans** | **464322** |

## Assessment of epidemiological situation – Democratic Republic of the Congo

HIV information among antenatal clinic attendees is available from the Democratic Republic of Congo since the mid-1980s. Over the 15 year period, 1985 to 1999, the median HIV prevalence rate among antenatal clinic women in Kinshasa, the major urban area, fluctuated between 3 and 7 percent. In 1999, 4 percent of antenatal clinic attendees tested were HIV positive. Prevalence ranged from 3 to 5 percent. Sentinel surveillance outside of Kinshasa is infrequent. A few studies conducted in Kanaga, Likasi, Lubumbashi, Musoshi, Kimpese and Kasumbalesa have shown that HIV prevalence among antenatal women tested was between 3 and 4 percent between 1988 and 1993. In 1997, HIV testing was conducted at 14 sites. Four percent of antenatal clinic women tested HIV positive with prevalence ranging from 1 to 6 percent. In Lubumbashi, 1999, 9 percent of antenatal clinic women tested were HIV positive.

Between 1985 and 1997, HIV prevalence among sex workers in Kinshasa fluctuated between 27 and 38 percent among those women tested. There is limited HIV information on sex workers outside of Kinshasa. A study conducted in Haute-Zaire in 1991, reported 25 percent of sex workers tested were HIV positive. In 1997, 29 percent of sex workers tested in Mbuji-Mayi were HIV positive.

There is very little information available about HIV prevalence among STD clinic patients. In 1997, 12 percent of STD clinic patients tested in Kinshasa were HIV positive and 8 percent of STD clinic patients tested in Mbuji-Mayi.

## 4 - Democratic Republic of the Congo

## HIV sentinel surveillance

This section contains information about HIV prevalence in different populations. The data reported in the tables below are mainly based on the HIV data base maintained by the United States Bureau of the Census where data from different sources, including national reports, scientific publications and international conferences is compiled. To provide for a simple overview of the current situation and trends over time, summary data are given by population group, geographical area (Major Urban Areas versus Outside Major Urban Areas), and year of survey. Studies conducted in the same year are aggregated and the median prevalence rates (in percentages) are given for each of the categories. The maximum and minimum prevalence rates observed, as well as the total number of surveys/sentinel sites, are provided with the median, to give an overview of the diversity of HIV-prevalence results in a given population within the country. Data by sentinel site or specific study on which the medians were calculated are printed at the end of this fact sheet.

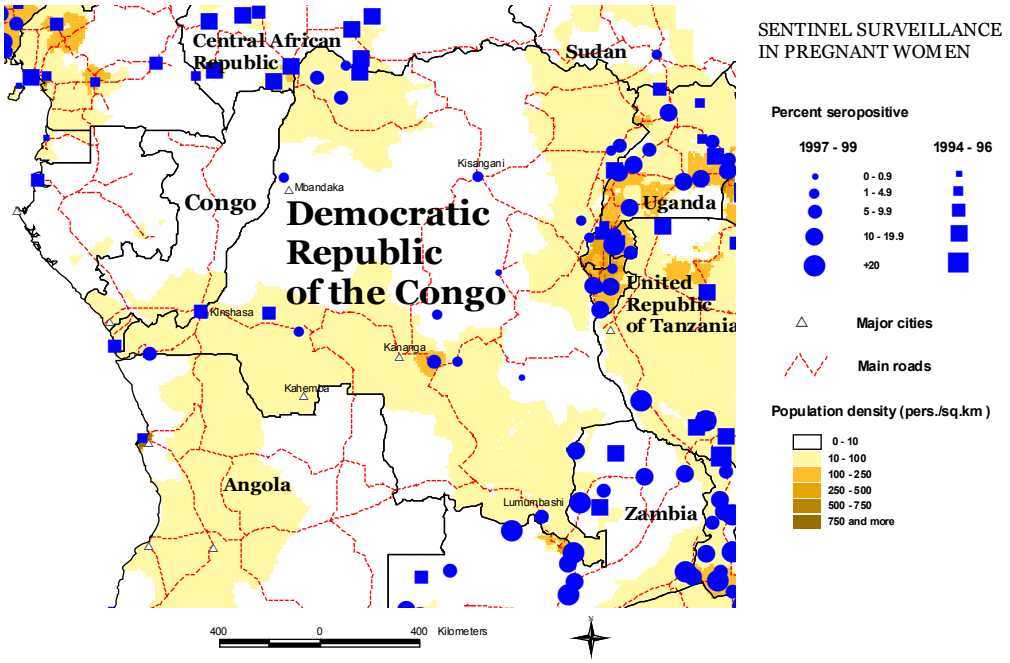
The differentiation between the two geographical areas Major Urban Areas and Outside Major Urban Areas is not based on strict criteria, such as the number of inhabitants. For most countries, Major Urban Areas were considered to be the capital city and – where applicable – other metropolitan areas with similar socio-economic patterns. The term Outside Major Urban Areas considers that most sentinel sites are not located in strictly rural areas, even if they are located in somewhat rural districts.

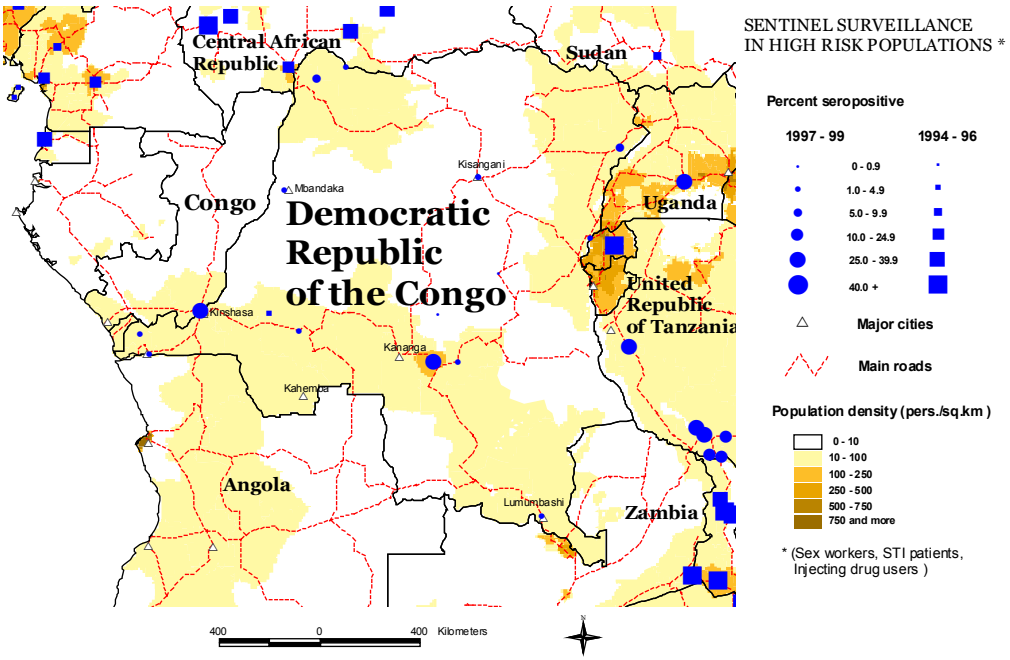
- **HIV prevalence in selected populations in percent** (for blood donors: 1/100 000)

| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pregnant women | Major Urban Areas | N-sites | | 1 | 2 | 3 | 3 | 3 | 4 | 6 | 5 | 2 | 2 | 2 | 3 | 3 | | 3 |
| | | Minimum | | 5.9 | 5.6 | 5.7 | 3.6 | 4.4 | 3.6 | 3.5 | 3.1 | 4.6 | 5.2 | 3.9 | 2.9 | 2.7 | | 2.7 |
| | | Median | | 5.9 | 5.95 | 6 | 7.1 | 6.5 | 4.65 | 5.85 | 4.6 | 5.8 | 5.4 | 4.3 | 3.2 | 3 | | 4.1 |
| | | Maximum | | 5.9 | 6.3 | 7.4 | 7.7 | 15.4 | 5.5 | 11.1 | 10.8 | 7 | 5.6 | 4.7 | 5.1 | 6.2 | | 5.4 |
| Pregnant women | Outside Major Urban Areas | N-sites | | | 2 | | 2 | 4 | 6 | 4 | 1 | 1 | | | | 14 | 2 | 1 |
| | | Minimum | | | 0 | | 3.1 | 2.5 | 2.9 | 2.8 | 3.5 | 4 | | | | 0.4 | 4.8 | 8.5 |
| | | Median | | | 1.1 | | 3.75 | 3.15 | 3.75 | 2.85 | 3.5 | 4 | | | | 3.65 | 5.05 | 8.5 |
| | | Maximum | | | 2.2 | | 4.4 | 7.9 | 5.6 | 3.4 | 3.5 | 4 | | | | 6.3 | 5.3 | 8.5 |
| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| Sex workers | Major Urban Areas | N-sites | | 1 | | | 1 | 1 | 1 | 1 | | | 1 | 1 | | 1 | | |
| | | Minimum | | 26.8 | | | 35.2 | 38 | 30 | 30.2 | | | 34.8 | 30.3 | | 29 | | |
| | | Median | | 26.8 | | | 35.2 | 38 | 30 | 30.2 | | | 34.8 | 30.3 | | 29 | | |
| | | Maximum | | 26.8 | | | 35.2 | 38 | 30 | 30.2 | | | 34.8 | 30.3 | | 29 | | |
| Sex workers | Outside Major Urban Areas | N-sites | | | 5 | | | 1 | | 1 | | | | | | 1 | | |
| | | Minimum | | | 8.5 | | | 17.7 | | 25.4 | | | | | | 29.2 | | |
| | | Median | | | 11.3 | | | 17.7 | | 25.4 | | | | | | 29.2 | | |
| | | Maximum | | | 12.7 | | | 17.7 | | 25.4 | | | | | | 29.2 | | |
| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| Injecting drug users | Major Urban Areas | N-sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |
| Injecting drug users | Outside Major Urban Areas | N-sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |
| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| STI patients | Major Urban Areas | N-sites | | | | | | | | | | | | | 1 | 1 | | |
| | | Minimum | | | | | | | | | | | | | 5.3 | 12.2 | | |
| | | Median | | | | | | | | | | | | | 5.3 | 12.2 | | |
| | | Maximum | | | | | | | | | | | | | 5.3 | 12.2 | | |
| STI patients | Outside Major Urban Areas | N-sites | | | 1 | | | | | | | | | | | 1 | | |
| | | Minimum | | | 9.1 | | | | | | | | | | | 8.3 | | |
| | | Median | | | 9.1 | | | | | | | | | | | 8.3 | | |
| | | Maximum | | | 9.1 | | | | | | | | | | | 8.3 | | |
| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| Blood Donors | National | N-sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |
| Blood Donors | Major Urban Areas | N-sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |
| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
| Men having sex with men | Major Urban Areas | N-sites | | | | | | | | | | | | | | | | |
| | | Minimum | | | | | | | | | | | | | | | | |
| | | Median | | | | | | | | | | | | | | | | |
| | | Maximum | | | | | | | | | | | | | | | | |

## Maps of HIV sentinel sites

Mapping the geographical distribution of HIV sentinel sites for different population groups may assist interpreting both the national coverage of the HIV surveillance system and explaining differences in levels and trends of prevalence. The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, in collaboration with the UNICEF/WHO HealthMap Programme, has produced maps showing the location and HIV prevalence of HIV sentinel sites in relation to population density, major urban areas and communication routes. Maps illustrate separately the most recent results from HIV sentinel surveillance in pregnant women and in sub-populations at higher risk of HIV infection.



## 6 - Democratic Republic of the Congo

## Reported AIDS cases

### AIDS cases by year of reporting

| 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | Total | Unkn |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 440 | 1988 | 4566 | 5609 | 3916 | 4482 | 2070 | 4215 | 1707 | 4689 | 5159 | 4948 | 3746 | 22 | 47557 | |

Date of last report: 20/Oct/99

Following WHO and UNAIDS recommendations, AIDS case reporting is carried out in most countries. Data from individual AIDS cases is aggregated at the national level and sent to WHO. However, case reports come from surveillance systems of varying quality. Reporting rates vary substantially from country to country and low reporting rates are common in developing countries due to weaknesses in the health care and epidemiological systems. In addition, countries use different AIDS case definitions. A main disadvantage of AIDS case reporting is that it only provides information on transmission patterns and levels of infection approximately 5-10 years in the past, limiting its usefulness for monitoring recent HIV infections.

Despite these caveats, AIDS case reporting remains an important advocacy tool and is useful in estimating the burden of HIV-related morbidity as well as for short-term planning of health care services. AIDS case reports also provide information on the demographic and geographic characteristics of the affected population and on the relative importance of the various exposure risks. In some situations, AIDS reports can be used to estimate earlier HIV infection patterns using back-calculation. AIDS case reports and AIDS deaths have been dramatically reduced in industrialized countries with the introduction of HAART (Highly Active Anti-Retroviral Therapy).

### Aids cases by age and sex

| Sex | Age | <96 | 1996 | 1997 | 1998 | 1999 | Unkn. | Total | % |
|---|---|---|---|---|---|---|---|---|---|
| All | All | | | | 3505 | | | 3503 | 100.0 |
| | 0-4 | | | | 38 | | | 38 | 1.1 |
| | 5-14 | | | | 6 | | | 6 | 0.2 |
| | 15-19 | | | | 28 | | | 28 | 0.8 |
| | 20-29 | | | | 285 | | | 285 | 8.1 |
| | 30-39 | | | | 354 | | | 354 | 10.1 |
| | 40-49 | | | | 229 | | | 229 | 6.5 |
| | 50-59 | | | | 51 | | | 51 | 1.5 |
| | 60+ | | | | 116 | | | 116 | 3.3 |
| | NS | | | | 2496 | | | 2496 | 71.3 |
| Male | All | | | | 460 | | | 460 | 100.0 |
| | 0-4 | | | | 18 | | | 18 | 3.9 |
| | 5-14 | | | | 4 | | | 4 | 0.9 |
| | 15-19 | | | | 16 | | | 16 | 3.5 |
| | 20-29 | | | | 55 | | | 55 | 12.0 |
| | 30-39 | | | | 148 | | | 148 | 32.2 |
| | 40-49 | | | | 137 | | | 137 | 29.8 |
| | 50-59 | | | | 32 | | | 32 | 7.0 |
| | 60+ | | | | 6 | | | 6 | 1.3 |
| | NS | | | | 44 | | | 44 | 9.6 |
| Female | All | | | | 633 | | | 633 | 100.0 |
| | 0-4 | | | | 19 | | | 19 | 3.0 |
| | 5-14 | | | | 2 | | | 2 | 0.3 |
| | 15-19 | | | | 12 | | | 12 | 1.9 |
| | 20-29 | | | | 227 | | | 227 | 35.9 |
| | 30-39 | | | | 206 | | | 206 | 32.5 |
| | 40-49 | | | | 90 | | | 90 | 14.2 |
| | 50-59 | | | | 19 | | | 19 | 3.0 |
| | 60+ | | | | 6 | | | 6 | 0.9 |
| | NS | | | | 52 | | | 52 | 8.2 |
| NS | All | | | | 2410 | | | 2410 | 100.0 |
| | 0-4 | | | | 1 | | | 1 | 0.0 |
| | 5-14 | | | | 0 | | | 0 | 0.0 |
| | 15-19 | | | | 0 | | | 0 | 0.0 |
| | 20-29 | | | | 3 | | | 3 | 0.1 |
| | 30-39 | | | | 0 | | | 0 | 0.0 |
| | 40-49 | | | | 2 | | | 2 | 0.1 |
| | 50-59 | | | | 0 | | | 0 | 0.0 |
| | 60+ | | | | 4 | | | 4 | 0.2 |
| | NS | | | | 2400 | | | 2400 | 99.6 |

### AIDS cases by mode of transmission

Hetero: Heterosexual contacts.
Homo/Bi: Homosexual contacts between men.
IDU: Injecting drug use. This transmission category also includes cases in which other high-risk behaviours were reported, in addition to injection of drugs.
Blood: Blood and blood products.
Perinatal: Vertical transmission during pregnancy, birth or breastfeeding.
NS: Not specified/unknown.

| Sex | Trans. Group | <96 | 1996 | 1997 | 1998 | 1999 | Unkn | Total | % |
|---|---|---|---|---|---|---|---|---|---|
| All | Total | | | | 1263 | | | 1263 | 100.0 |
| | Hetero | | | | 974 | | | 974 | 77.1 |
| | Homo/Bi | | | | 0 | | | 0 | 0.0 |
| | IDU | | | | 0 | | | 0 | 0.0 |
| | Blood | | | | 4 | | | 4 | 0.3 |
| | Perinatal | | | | 44 | | | 44 | 3.5 |
| | Other Known | | | | 0 | | | 0 | 0.0 |
| | Unknown | | | | 241 | | | 241 | 19.1 |
| Male | Total | | | | 520 | | | 520 | 100.0 |
| | Hetero | | | | 391 | | | 391 | 75.2 |
| | Homo/Bi | | | | 0 | | | 0 | 0.0 |
| | IDU | | | | 0 | | | 0 | 0.0 |
| | Blood | | | | 1 | | | 1 | 0.2 |
| | Perinatal | | | | 16 | | | 16 | 3.1 |
| | Other Known | | | | 0 | | | 0 | 0.0 |
| | Unknown | | | | 112 | | | 112 | 21.5 |
| Female | Total | | | | 726 | | | 726 | 100.0 |
| | Hetero | | | | 576 | | | 576 | 79.3 |
| | IDU | | | | 0 | | | 0 | 0.0 |
| | Blood | | | | 3 | | | 3 | 0.4 |
| | Perinatal | | | | 25 | | | 25 | 3.4 |
| | Other Known | | | | 0 | | | 0 | 0.0 |
| | Unknown | | | | 122 | | | 122 | 16.8 |
| NS | Total | | | | 17 | | | 17 | 100.0 |
| | Hetero | | | | 7 | | | 7 | 41.2 |
| | IDU | | | | 0 | | | 0 | 0.0 |
| | Blood | | | | 0 | | | 0 | 0.0 |
| | Perinatal | | | | 3 | | | 3 | 17.6 |
| | Other Known | | | | 0 | | | 0 | 0.0 |
| | Unknown | | | | 7 | | | 7 | 41.2 |

## Curable Sexually Transmitted Infections (STIs)

The predominant mode of transmission of both HIV and other STIs is sexual intercourse. Measures for preventing sexual transmission of HIV and STI are the same, as are the target audiences for interventions. In addition, strong evidence supports several biological mechanisms through which STI facilitate HIV transmission by increasing both HIV infectiousness and HIV susceptibility. Significant also is the observation of a sharp decline in the concentration of HIV in the genital secretions when the infection is treated. Monitoring trends in STI can provide valuable information on the sexual transmission of HIV as well as the impact of behavioural interventions, such as promotion of condom use.

Clinical services offering STI care are an important access point for people at high risk for both AIDS and STI, not only for diagnosis and treatment but also for information and education. Therefore, control and prevention of STI have been recognized as a major strategy in the prevention of HIV infection and ultimately AIDS. One of the cornerstones of STI control is adequate management of patients with symptomatic STIs. This includes diagnosis, treatment and individual health education and counselling on disease prevention and partner notification. Consequently, monitoring different components of STI control can also provide information on HIV prevention within a country.

### ❑ Estimated incidence and prevalence of curable STIs

| | Incidence | | | | Prevalence | | | |
|---|---|---|---|---|---|---|---|---|
| STIs | Year | Male | Female | All | Year | Male | Female | All |
| Chlamydia trach. | | | | | | | | |
| Gonorrhoea | | | | | | | | |
| Syphilis | | | | | | | | |
| Trichomonas | | | | | | | | |

**Comments:**
**Source:**

### ❑ STI Incidence, men

Prevention Indicator 9: Proportion of men aged 15-49 years who reported episodes of urethritis in the last 12 months.

| Year | Area | Age | Rate | N= |
|---|---|---|---|---|

Comments:
Sources:

### ❑ STI Prevalence, women

Prevention Indicator 8: Proportion of pregnant women aged 15-24 years attending antenatal clinics whose blood has been screened with positive serology for syphilis.

| Year | Area | Age | Rate | N= |
|---|---|---|---|---|
| 1997 | Mbandaka | 15-24 | 7.0 | 437 |
| 1997 | Bunia | 15-24 | 26.0 | 333 |

Comments:
Sources: PNLS/RDC

### ❑ STI Case management (counselled)

Prevention Indicator 7: Proportion of people presenting with STI or for STI care in health facilities who received basic advice on condoms and on partner notification.

| Year | Area | Age | Rate | N= |
|---|---|---|---|---|

Comments:
Sources:

### ❑ STI Case management (treatments)

Prevention Indicator 6: Proportion of people presenting with STI in health facilities assessed and treated in an appropriate way (according to national standards).

| Year | Area | Age | Rate | N= |
|---|---|---|---|---|

Comments:
Sources:

## 8 – Democratic Republic of the Congo

## Health service indicators

HIV prevention strategies depend on the twin efforts of care and support for those living with HIV or AIDS, and targeted prevention for all people at risk or vulnerable to the infection. These efforts may range from reaching out to vulnerable communities through large-scale educational campaigns or interpersonal communication; provision of treatment for STIs; distribution of condoms and needles; creating and enabling environment to reduce risky behaviour; providing access to voluntary testing and counselling; home or institutional care for persons with symptomatic HIV infection; and preventing perinatal transmission and transmission through infected needles or blood in health care settings. It is difficult to capture such a large range of activities with one or just a few indicators. However, a set of well-established health care indicators – such as the percentage of a population with access to health care services; the percentage of women covered by antenatal care; or the percentage of immunized children – may help to identify general strengths and weaknesses of health systems. Specific indicators, such as access to testing and blood screening for HIV, help to measure the capacity of health services to respond to HIV/AIDS – related issues.

### ❑ Access to health care

| Indicators | Year | Estimate | Source |
|---|---|---|---|
| % of population with access to health services – total: | | | |
| % of population with access to health services – urban: | | | |
| % of population with access to health services – rural: | | | |
| Contraceptive prevalence rate (%): | 1990-1999 | 8 | UNICEF/UNPOP |
| % of births attended by trained health personnel: | | | |
| % of 1-yr-old children fully immunized – DPT: | 1995-1998 | 10 | UNICEF |
| % of 1-yr-old children fully immunized – Polio: | | | |
| % of 1-yr-old children fully immunized – Measles: | | | |
| Proportion of blood donations tested: | | | |
| % of ANC clinics where HIV testing is available: | | | |
| HIV/AIDS Hospital Occupancy Rate (Days): | | | |

Male and female condoms are the only technology available that can prevent sexual transmission of HIV and other STIs. Persons exposing themselves to the risk of sexual transmission of HIV should have consistent access to high quality condoms. AIDS Programmes implement activities to increase both availability of and access to condoms. The two condom availability indicators below are intended to highlight areas of strength and weakness at the beginning and end of the distribution system so that programmatic resources can be directed appropriately to problem areas.

### ❑ Condom availability (central level)

Prevention Indicator 2: Availability of condoms in the country over the last 12 months (central level).

| Year | Area | N | Rate |
|---|---|---|---|
| 1996 | All | | 9.0 |

Comments:
Sources: PNLS, 1996

### ❑ Condom availability (peripheral level)

Prevention Indicator 3: Proportion of people who can acquire a condom (peripheral level).

| Year | Area | N | Rate |
|---|---|---|---|
| 1996 | All | | 3.0 |

Comments:
Sources: PNLS, 1996

## Knowledge and behaviour

In most countries the HIV epidemic is driven by behaviours (e.g.: multiple sexual partners, intravenous drug use) that expose individuals to the risk of infection. Information on knowledge and on the level and intensity of risk behaviour related to HIV/AIDS is essential in identifying populations most at risk for HIV infection and in better understanding the dynamics of the epidemic. It is also critical information in assessing changes over time as a result of prevention efforts. One of the main goals of the 2nd generation HIV surveillance systems is the promotion of regular behavioural surveys in order to monitor trends in behaviours and target interventions.

### ❑ Knowledge of HIV- related preventive practices

Prevention Indicator 1: Proportion of people citing at least two acceptable ways of protection from HIV infection.

| Year | Area | Age Group | Male | Female | All |
|---|---|---|---|---|---|

Comments:
Sources:

### ❑ Reported non-regular sexual partnerships

Prevention Indicator 4: Proportion of sexually active people having at least one sex partner other than a regular partner in the last 12 months.

| Year | Area | Age Group | Male | Female | All |
|---|---|---|---|---|---|
| 1989 | All | 15+ | 35.8 | 8.6 | |
| 1989 | All | 15-19 | 56.2 | 17.9 | |
| 1993 | All | 15-19 | 24.0 | 4.0 | |
| 1989 | All | 15-49 | 15.0 | | |
| 1989 | All | 20-24 | 55.9 | 12.1 | |
| 1989 | All | 25-39 | 41.4 | 8.0 | |
| 1989 | All | 40-49 | 17.0 | 5.0 | |
| 1989 | All | 50+ | 2.0 | | |

Comments:
Sources: KABP/Behavioural Studies – GPA, 1992. HIV/AIDS Epidemiological Fact Sheet

### ❑ Reported condom use in risk sex (gen pop)

Prevention Indicator 5: Proportion of people reporting the use of a condom during the most recent intercourse of risk.

| Year | Area | Age Group | Male | Female | All |
|---|---|---|---|---|---|

Comments:
Sources:

## 10 – Democratic Republic of the Congo

## Knowledge and behaviour

❑ **Ever use of condom**

Percentage of people who ever used a condom.

| Year | Area | Age Group | Male | Female | All |
|---|---|---|---|---|---|

Comments:
Sources:

❑ **Median age at first sexual experience**

Median age of people at which they first had sexual intercourse.

| Year | Area | Age Group | Male | Female | All |
|---|---|---|---|---|---|

Comments:
Sources:

❑ **Adolescent pregnancy**

Percentage of teenagers 15-19 who are mothers or pregnant with their first child.

| Year | Area | Age Group | Rate | N |
|---|---|---|---|---|

Comments:
Sources:

❑ **Proportion of people ever having had sex with same sex**

| Year | Area | Age Group | Rate | N |
|---|---|---|---|---|

Comments:
Sources:

❑ **Reported non-regular sexual partnerships (MSM)**

| Year | Area | Age Group | Rate | N |
|---|---|---|---|---|

Comments:
Sources:

## Sources

Data presented in this Epidemiological Fact Sheet come from several different sources, including global, regional and country reports, published documents and articles, posters and presentations at international conferences, and estimates produced by UNAIDS, WHO and other United Nations Agencies. This section contains a list of the more relevant sources used for the preparation of the Fact Sheet. Where available, it also lists selected national Web sites where additional information on HIV/AIDS and STI are presented and regularly updated. However, UNAIDS and WHO do not warrant that the information in these sites is complete and correct and shall not be liable whatsoever for any damages incurred as a result of their use.


Baende, E., R. Ryder, F. Behets, et al., 1987, Congenital HIV Transmission at an Upper Middle Class Hospital in Kinshasa, II International Symposium: AIDS and Associated Cancers in Africa, Naples, Italy, 10/7-9, Abstract F-2.

Brown, R., K. Kawunda, 1990, Sero-Surveillance of HIV Infection in Kananga, Zaire, V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Poster T.P.E.35.

Brown, R. C., 1990, Seroprevalence and Clinical Manifestations of HIV-1 Infection in Kananga, Zaire, AIDS, vol. 4, no. 12, pp. 1267-1269.

Binanga, A., M. Phillips, Nzila, et al., 1997, Une Sensibilisation Adequate par la Formation des Pairs des Etudiants sur les MST/SIDA Ameliore la Frequentation des . .., Xth International Conference on AIDS and STD in Africa Abidjan, Cote d'Ivoire, 12/7-11, Abstract E.807.

Beni, B., 1998, Transmission Notifications cas de SIDA/MST 1998, Republique Democratique du Congo, Ministere de la Sante Publique et Affaires Sociales, PNLS & BCC/SIDA, unpublished report.

Democratic Republic of Congo National AIDS Program, 1999, Update UNAIDS Epidemiological Fact Sheet, UNAIDS.

Goubau, P., K. Kazadi, H. Carton, et al., 1991, HTLV-1 in Zaire and its Relationship to HIV, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Poster T.A.159.

Green, S. D. R., W. A. M. Cutting, J. L. K. Mokili, et al., 1994, Stable Seroprevalence of HIV-1 in Antenatal Women in Rural Bas-Zaire, 1988-1993, AIDS, vol. 8, no. 3, pp. 397-398.

Harms, G., K. Zwingenberger, H. Feldmeier, et al., 1986, Failure to Detect LAV/HTLV-3 Antibodies in Southeastern Zaire, Transactions of the Royal Soceity of Tropical Medicine and Hygiene, vol. 80, no. 6, p. 1003.

Hardy, I., S. R. Green, W. A. M. Cutting, et al., 1989, HIV-1 Seroprevalence in Rural Zaire, V International Conference on AIDS, Montreal, 6/4-9, Poster M.G.P. 18.

Kashala, O., L. Lomami, K. Ngalula, et al., 1989, HIV, HTLV-1 and HBV Infection in Pregnant Women From an Urban Population in Zaire, V International Conference on AIDS, Montreal, 6/4-9, Poster W.G.O. 30.

Kashala, O., R. Marlink, M. Ilunga, et al., 1994, Infection with Human Immunodeficiency Virus Type-1 (HIV-1) and Human T Cell Lymphotropic Viruses among Leprosy Patients . .., Journal of Infectious Diseases, vol. 169, pp. 296-304.

Kibwa, M., 1994, Surveillance Report of HIV/AIDS, Ministry of Public Health, BCC/SIDA, April 26, report.

Kivuvu, M., M. Tuliza, B. Malele, et al., 1991, HIV Infection and Other STD among Kinshasa Prostitutes: a Comparison between 1988 and 1991, VI International Conference on AIDS in Africa, Dakar, Senegal, 12/16-19, Session W.O.130.

Kizonde, K., P. Kalonji, K. Magazani, et al., 1992, Infection a VIH Plus Rare a Kasumbalesa (Zaire) Qu'en Zambie Avoisinante, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Abstract T.P.011.

Kalengayi, M. R., N. J. Ilunga, M. R. Nsiala, et al., 1993, HIV and Syphilis Seroprevalence and Risk Factors in Pregnant Women at Antenatal Clinic, Kinshasa University Hospital, VIII International Conference on AIDS in Africa, Marrakech, Morocco, 12/12-16, Abstract Th.P.B.052.

Kibwa, M., 1996, HIV/AIDS Epidemiological Surveillance Report: Year 1995, Ministry of Public Health, BCC/SIDA, April 26, report.

Lauwers, M., N. N. Nzila, P. Goubau, et al., 1990, Evaluation of the WHO Clinical Case-Definition of AIDS in a Semi-Rural Setting in Gemena, Zaire, V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Abstract F.P.B.24.

Mann, J. M., N. Nzilambi, P. Piot, et al., 1988, HIV Infection and Associated Risk Factors in Female Prostitutes in Kinshasa, Zaire, AIDS, vol. 2, no. 4, pp. 249-254.

Muyembe-Tamfum, L., I. Kela-We, 1990, Serologie HIV Systematique dans une Clinique de la Cite a Matonge (Centre Biomedical de Matonge), V International Conference: AIDS in Africa, Kinshasa, Zaire, Oct. 10-12, Poster T.P.E.16.

Mbowa, R. K., N. J. Ilunga, M. R. Nsiala, et al., 1992, HIV Seroprevalence and Risk Factors in Pregnant Women at Antenatal Clinic (ANC), Kinshasa University Hospital, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster W.P.184-3.

Malulu, M., M. Nsuami, B. Matela, et al., 1992, Stabilization of HIV-1 Infection Prevalence in Women in Kinshasa: between 1986 and 1989, VII International Conference on AIDS in Africa, Yaounde, Cameroon, 12/8-11, Poster T.P.013.

Magazani, K., G. Laleman, J. H. Perriens, et al., 1993, Low and Stable HIV Seroprevalence in Pregnant Women in Shaba Province, Zaire, Journal of Acquired Immune Deficiency Syndromes, vol. 6, no. 4, pp. 419-423.

Minister of Public Health, 1993, Serosurveillance Report of HIV Infection, Republic of Zaire, National Control Programme Against AIDS, Central Coordination Bureau, BCC/SIDA, Offical Report.

Mulanga-Kabeya, C., N. Nzilambi, B. Edidi, et al., 1998, Evidence of Stable HIV Seroprevalences in Selected Populations in the Democratic Republic of the Congo, AIDS, vol. 12, no. 8, pp. 905-910.

Nzilambi, N., K. M. DeCock, D. N. Forthal, et al., 1988, The Prevalence of Infection with Human Immunodefiency Virus Over a 10 Year Period in Rural Zaire, New England Journal of Medicine, vol. 318, no. 5, pp. 276-279.

N'Galy, B., R. Ryder, H. Francis, et al., 1988, HIV Prevalence in Zaire, 1984 to 1988, IV International Conference on AIDS, Stockholm, 6/13-14, Poster 5632.

Nzila, N., M. Laga, M. A. Thiam, et al., 1991, HIV and Other Sexually Transmitted Diseases among Female Prostitutes in Kinshasa, AIDS, vol. 5, no. 6, pp. 715-721.

Nzila, N., B. Malele, M. Kivuvu, et al., 1995, Stabilization of HIV-1 Seroprevalence in Female Prostitutes in Kinshasa, Zaire, Masks a Dynamic Infection, IX International Conference on AIDS and STD in Africa, Kampala, Uganda, 12/10-14, Session WeC205.

Nzila, N., B. Malele, M. Kivuvu, et al., 1996, HIV and Syphilis Infections in Female Prostitutes between 1988 and 1995 in Kinshasa, Zaire, XI International Conference on AIDS, Vancouver, 7/7-14, Abstract Tu.C.2684.

Remy, G., 1993, Image Geographique de l'Infection a VIH 1 en Afrique Centrale: Des Discontinuites Remarquables, Annales de la Societe Belge de Medecine Tropicale, vol. 73, no. 2, pp. 127-142.

Wewalka, G., F. Heinz, A. Prinz, et al., 1987, Correlation between HIV Infections and Risk Factors in a Rural Population in Northern Zaire, Mitt. Oster. Gesell. Trop. Parasitol., vol. 9, no. 11, pp. 215-224, Abs. in Bur. Hyg. and Trop. Dis.

Zaire Minister of Public Health, 1994, Epidemiological Surveillance Report: 1986-1994, Republic of Zaire, Ministry of Public Health, National Control Program of AIDS/STD, Central Coordination Bureau, BCC/SIDA, August, official report.


**Websites:** www.aids.africa.com

## 12 – Democratic Republic of the Congo

## Annex: HIV Surveillance data by site

| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pregnant women | Major Urban Areas | Binza | | | | | | | | 11.1 | 7.2 | 7 | | 3.9 | 3.2 | 2.7 | | 2.7 |
| | | Boyambi | | | | | | | | | | | | | 5.1 | 6.2 | | |
| | | Boyambi/Barumbu | | | | | | | | | | | | | | | | 5.4 |
| | | Centras de Santé | | | | | | | 4 | | | | | | | | | |
| | | Kingasani | | | | | | | 5.3 | 11.1 | 3.3 | | 5.6 | 4.7 | 2.9 | 3 | | 4.1 |
| | | Kinshasa Univ. Hospital | | | | | 3.6 | | 3.6 | | 3.1 | 4.6 | | | | | | |
| | | Mama Yemo Hospital | | 5.9 | 5.6 | 5.7 | 7.1 | 6.5 | | 6.6 | 10.8 | | | | | | | |
| | | Matonge Dist. | | | | 7.4 | 7.7 | 15.4 | 5.5 | | | | | | | | | |
| | | Ngaba | | | | | | | | 5.1 | 4.6 | | 5.2 | | | | | |
| | | Ngaliema Hospital | | | 6.3 | 6 | | 4.4 | | 3.5 | | | | | | | | |
| | | Periurban area | | | | | | | | 4.7 | | | | | | | | |
| Pregnant women | Outside Major Urban Areas | Bunia | | | | | | | | | | | | | | 6.0 | | |
| | | Bwamanda | | | | | | | | | | | | | | 1.5 | | |
| | | Demba | | | | | | | | | | | | | | 1.3 | | |
| | | Genena | | | | | | 7.9 | | | | | | | | | | |
| | | Goma | | | | | | | | | | | | | | 3.4 | | |
| | | Kabinda | | | | | | | | | | | | | | 3.9 | | |
| | | Kalemi | | | | | | | | 2.8 | | | | | | | | |
| | | Kanaga | | | | | 3.1 | 2.5 | 5.6 | | | | | | | | | |
| | | Karawa | | | | | | | | | | | | | | | 5.3 | |
| | | Kasumbalesa | | | | | | | 4.8 | | | | | | | | | |
| | | Kimpese | | | | | 4.4 | 3.6 | 3.8 | | | 4.0 | | | | | | |
| | | Kindu | | | | | | | | | | | | | | 0.6 | | |
| | | Kikwit | | | | | | | | | | | | | | 4.8 | | |
| | | Kisangani | | | | | | | | | | | | | | 4.4 | | |
| | | Likasi | | | | | | | 3.2 | 2.8 | | | | | | | | |
| | | Lubumbashi | | | | | | 2.7 | 3.7 | 3.4 | | | | | | 4.7 | 4.8 | 8.5 |
| | | Manono | | | 0.0 | | | | | | | | | | | | | |
| | | Matadi | | | | | | | | | | | | | | 5.1 | | |
| | | Mbandaka | | | | | | | | | | | | | | 2.3 | | |
| | | Mbuji-Mayi | | | | | | | | | | | | | | 6.3 | | |
| | | Mikalayi | | | | | | | | | | | | | | 0.4 | | |
| | | Musoshi | | | | | | | 2.9 | 2.9 | | | | | | | | |
| | | Nyankunde | | | | | | | | | 3.5 | | | | | 2.5 | | |
| | | Yambuku | | | 2.2 | | | | | | | | | | | | | |

| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sex workers | Major Urban Areas | Kinshasa | | 26.8 | | | 35.2 | 38 | 30 | 30.2 | | | 34.8 | 30.3 | | 29 | | |
| Sex workers | Outside Major Urban Areas | Bumba | | | 11.6 | | | | | | | | | | | | | |
| | | Haut-Zaire | | | | | | | | 25.4 | | | | | | | | |
| | | Karawa | | | 11.3 | | | | | | | | | | | | | |
| | | Lisala | | | 8.5 | | | | | | | | | | | | | |
| | | Mbuji-Mayi | | | | | | | | | | | | | | 29.2 | | |
| | | Yambuku | | | 11.3 | | | 17.7 | | | | | | | | | | |
| | | Yandongi | | | 12.7 | | | | | | | | | | | | | |

| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Injecting drug users | Major Urban Areas | | | | | | | | | | | | | | | | | |
| Injecting drug users | Outside Major Urban Areas | | | | | | | | | | | | | | | | | |

| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| STI patients | Major Urban Areas | Kinshasa | | | | | | | | | | | | | 5.3 | 12.2 | | |
| STI Patients | Outside Major Urban Areas | Isiro | | | 9.1 | | | | | | | | | | | | | |
| | | Mbuji-Mayi (Males) | | | | | | | | | | | | | | 8.3 | | |

| Group | Area | | 1984 | 1985 | 1986 | 1987 | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Donors | National | | | | | | | | | | | | | | | | | |
| Blood Donors | Major Urban Areas | | | | | | | | | | | | | | | | | |
| Blood Donors | Outside Major Urban Areas | | | | | | | | | | | | | | | | | |